State GED Office California Department of Education 1430 N Street, Suite 5408 Sacramento, California 95814 (800) 331-6316

Mail this form to the State GED Office <u>before</u> the testing center changes location. No testing may commence at the new location until the site has been inspected by a representative from the State GED office.

OFFICIAL GED TESTING CENTER ADDRESS CHANGE				
Date:				
Change:	Shipping Address	Billing Address	□ Both □	
CENTER 10-digit I.D. N	NI IMPED			
CENTER TO-digit I.D. I	VOIVIDEIX			
CENTER NAME				
CURRENT CENTER NA	AME/ADDRESS FOR <u>SHIPPING</u>			
CITY		JURISDICTION (STATE)	ZIP/POSTAL CODE	
		CALIFORNIA		
TELEPHONE NUMBER	8	FAX NUMBER	EMAIL	
NEW CENTER NAME/	ADDRESS FOR SHIPPING			
CITY		JURISDICTION (STATE)	ZIP/POSTAL CODE	
		CALIFORNIA		
TELEPHONE NUMBER	₹	FAX NUMBER	EMAIL	
CURRENT CENTER NA	AME/ADDRESS FOR BILLING		L	
CITY		JURISDICTION (STATE)	ZIP/POSTAL CODE	
		CALIFORNIA		
TELEPHONE NUMBER	{	FAX NUMBER	EMAIL	
NEW CENTER NAME/	ADDRESS FOR <u>BILLING</u>			
CITY		JURISDICTION (STATE)	ZIP/POSTAL CODE	
		CALIFORNIA		
TELEPHONE NUMBER	₹	FAX NUMBER	EMAIL	
The new location Manual.	has been visited and mo	eets or exceeds the necessary qualification	ations as outlined in the GED Examiner's	
Signature, Chief Exam	niner	Date		
Mark Fetler, State GE	D Administrator	Date	CALIFORNIA Jurisdiction	